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Approved for use through 10/31/2002. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09 / 639,533
Filing Date	08 / 16 / 2000
First Named Inventor	Heuring, Klaus
Group Art Unit	2761
Examiner Name	
Attorney Docket Number	KLA -0100

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

I have changed offices, **RECEIVED**
longer work for the inventor's attorney. **APR 17 2003**

APPROVED *nzw*
S-GC3

GROUP 3600

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

Customer Number



Place Customer Number
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OR

Firm or
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- This request is made on behalf of myself and
- all the attorneys/agents of record,
 - the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name	James M. Acheson Jr., Reg. No 45,585	
Signature	<i>MMT</i>	
Date	4-6-03	

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.